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*Promoting and protecting the health of the public and the environment*

## Childcare Exclusion List

### Official List of Conditions Requiring Exclusion from School, with Guidance Section

**Statutory authority:** SC Code of Laws Sections 20-7-2980, 44-1-140 and 44-29-200;  
SC Code of Regulations 61-20 and Chapter 114, Article 5.

#### Requirements

South Carolina law allows schools to prevent the spread of disease in the school by limiting the attendance of employees or students with contagious or infectious diseases at school or school activities. [SC Regulation #61-20](#) requires that DHEC publish in January of each year an Official School and Childcare Exclusion List of Contagious and Communicable Diseases, hereinafter referred to as the Childcare Exclusion List or the School Exclusion List.

SC Regulation states that schools, out-of-home childcare providers, and parents/guardians should not allow the attendance of children with “any contagious or infectious disease or syndrome requiring isolation” ... “if the disease or syndrome of the child or minor is on the Official School and Childcare Exclusion List of Contagious and Communicable Diseases.” Staff that are known to be ill with a communicable condition are not permitted to work in any capacity in out-of-home childcare in which there is likelihood of such person transmitting disease or infection to other individuals.

Students, children, and employees in out-of-home childcare settings should also be excluded from attendance if they have been exposed to one or more of the conditions designated in these lists, until the return to school criteria are met. Schools and childcare facilities should maintain a record of children or employees known to have been excluded under this regulation.

#### Revisions in 2014

Childcare Exclusion List was revised in January 2014 to address changes in exclusion criteria during outbreaks; update the exclusion criteria for several diarrheal illnesses (*E. coli*, *Salmonella* Typhi, and *Shigella*); to clarify exclusion for bronchiolitis, cytomegalovirus, hand, foot, and mouth disease, skin lesions, and tuberculosis, and to reflect updated guidance from the American Academy of Pediatrics on management of conjunctivitis (pink-eye) in schools and out-of-home childcare.

**This update to the Childcare Exclusion List is effective January 31, 2014.**

#### Guidance for Implementing the Childcare Exclusion List

1. The **Childcare Exclusion List** should be used for
  - children and employees in out-of-home childcare settings,
  - students in grades K-3, K-4, and K-5, and
  - older students who have been designated as being medically fragile.

For the purposes of school exclusion, the term “medically fragile” refers to those students with special health care needs or developmental delays who require close assistance with feeding or other personal hygiene activities by which communicable illnesses may be easily spread.
2. The separate School Exclusion List applies to students in grades 1-12 who are not medically fragile.
3. **Parent Notification:** The school or childcare facility should give to all parents/guardians the list of conditions that require exclusion from school attendance. Distribution of the Parent Brochures developed by the DHEC Division of Acute Disease Epidemiology satisfies this requirement.

### Guidance for Implementing the Childcare Exclusion List

4. **Parent Reporting to School:** Schools and out-of-home childcare providers should inform parents/guardians that they must notify the school within 24 hours after their student has developed a known or suspected communicable illness addressed on the Childcare Exclusion List.
5. **Return to School or Work:** Children and employees may return to the school as soon as their symptoms are resolved, unless stated otherwise in the Exclusion List or by their health care provider.
6. **Special Circumstances:** The exclusion criteria in this document are applied to generally healthy children. Immunocompromised or medically fragile children with an excludable condition or exposure may need longer periods of exclusion, subject to recommendations by their health care provider(s). Nothing in these criteria precludes the exercise of the professional judgment of local education agency medical and/or nursing staff to protect the health of students.
7. **Mixed age groupings:** When students are taught or routinely spend time in mixed age groups, the standards for the youngest children in the group apply. If these children are Kindergarten age or younger, the criteria found in the Childcare Exclusion List apply.
8. **Notes / Documentation for Return:** The type of note needed for a child or employees to return to the childcare setting is indicated in the tables that follow. Physicians, nurse practitioners, physician assistants, or DHEC licensed health care professional staff may provide medical notes for return to school or childcare following an excludable condition. These notes should be kept on file at the school for at least one calendar year, or as otherwise required by local school district policy. Medical notes may not shorten or abrogate the minimum period of exclusion required by DHEC for any specific condition.
9. **Period of Exclusion:** Per the *Red Book* (American Academy of Pediatrics, 2012), "Infected children should be excluded from school until they are no longer considered contagious." If a child or employee does not respond to treatment for an excludable condition, the health care provider or health department may suggest longer periods of exclusion.
10. **Bloodborne diseases:** The DHEC HIV/STD Division (1.800.322.AIDS) is available for consultation regarding infection control issues raised by the presence of children with blood-borne illnesses (HIV, chronic Hepatitis B, chronic Hepatitis C, etc.) in school or childcare setting.
11. **Other Risks:** This list addresses common exposures to communicable disease. DHEC staff are available for consultation on unusual conditions or exposures, as well as on risks associated with close contact sports, water activities, immunocompromised status, contact with animals, special risks associated with biting, etc. State or national sanctioning bodies may also have applicable rules regarding participation in contact sports.
12. **Food-handling:** DHEC staff are available for consultation on excluding childcare employees with symptoms or diagnoses of conditions that could be spread through feeding or other food-handling tasks.
13. **Outbreaks:** During disease outbreaks or under special circumstances, DHEC may change the recommendations in the Childcare Exclusion List and/or the School Exclusion List, including changing or lengthening exclusion periods. During outbreaks, the exclusion criteria in this document may also apply to students who display the same symptoms as lab-confirmed cases, even if the student has not been tested for the illness causing the outbreak.

**Guidance for Implementing the Childcare Exclusion List**

14. **Disease/Outbreak reporting to the Health Department and the Family Education Rights and Privacy Act (FERPA):** Per SC Statute 44-29-10, “any person or entity that maintains a database containing health care data must report [to DHEC] all cases of persons who harbor any illness or health condition that may be caused by ... epidemic or pandemic disease, or novel and highly fatal infectious agents and might pose a substantial risk of a significant number of human fatalities or incidents of permanent or long-term disability.” Reports of these conditions, indicated on the List of Reportable Conditions as Immediately or Urgently Reportable, must be reported to the local health department by phone within 24 hours.

For schools subject to FERPA: FERPA allows reporting of illnesses without specific parent permission if a “health or safety emergency” exists. DHEC has determined that conditions where reports are requested immediately or within 24 hours by phone, including all clusters or outbreaks of illnesses, may be reported to DHEC by name, without parental consent. Disclosure of this information is documented in the student’s/students’ record(s) per local policies for FERPA compliance. Conditions where reporting is required within 3 days may be reported to DHEC by name with parental consent. De-identified reporting is also allowed for these conditions. School personnel should work with local education agency nursing leadership, or local health department Epi staff to review processes for de-identified reporting of cases of varicella that may spread in schools.

## Children and employees with the following conditions must be excluded from out-of-home childcare settings:

Exclusion Criteria for Children	Exclude Employees?	Documentation for Return	Reportable to Health Department? <sup>A</sup>
1. Exclude children with illness that prevents them from participating comfortably in program activities.	Exclude staff with illnesses that limit their ability to provide an acceptable level of childcare, and which would compromise the health and safety of the children.	School or facility to specify based on situation.	Report outbreaks only <sup>B</sup>
2. Exclude children with illness that results in a greater need for care than the staff can provide without compromising the health and safety of other children.		School or facility to specify based on situation.	Report outbreaks only
<b>3. Exclude children with symptoms or other manifestations of possible severe illness:</b> <ul style="list-style-type: none"> <li>Students with these conditions should be excluded until symptoms cease and a medical evaluation determines that the child is not contagious: <ul style="list-style-type: none"> <li><a href="#">Fever, with behavior changes</a></li> <li>Rapidly spreading rash</li> <li>Weeping or draining sores that cannot be covered</li> <li>When a student poses a risk of spreading a harmful disease to others in the school setting</li> </ul> </li> <li>Students with these conditions should be excluded until symptoms resolve and until after a medical evaluation: <ul style="list-style-type: none"> <li>Difficulty breathing</li> <li>Unusual lethargy (an unusual tiredness or lack of energy)</li> <li>Unusually severe irritability, especially in younger students</li> </ul> </li> </ul>	Exclude employees with rash accompanied by fever or joint pain until diagnosed not to be measles or rubella.  Refer employees with difficulty breathing for prompt medical attention.	Medical note  Medical note	Report outbreaks only

<sup>A</sup> The requirement to report indicated Immediately Reportable or Urgently Reportable (within 24 hours) conditions applies to physicians, laboratories, health facilities, and "any person or entity that maintains a database containing health care data." The List of Reportable Conditions may be accessed here: <http://www.scdhec.gov/administration/library/CR-009025.pdf>.

<sup>B</sup> Report suspected outbreaks and clusters of diseases or symptoms that would not be reportable as single cases. An "outbreak" in a school is defined as an excess number of cases or symptoms over the expected occurrence of disease within a school or classroom or group. Outbreaks are reported immediately to DHEC.

## Children and employees with the following conditions must be excluded from out-of-home childcare settings:

Exclusion Criteria for Children	Exclude Employees?	Documentation for Return	Reportable to Health Department? <sup>A</sup>
<ul style="list-style-type: none"> <li>Students with these conditions should be excluded until symptoms resolve:               <ul style="list-style-type: none"> <li>Illness preventing participation in routine educational activities, as determined by school staff.</li> <li>Students with <u>severe</u> vomiting and diarrhea or vomiting blood should be excluded until symptoms resolve, unless the vomiting and/or diarrhea are known to be caused by non-communicable conditions.</li> </ul> </li> </ul>	<p>Exclude staff with illnesses that limit their ability to provide an acceptable level of childcare, and which would compromise the health and safety of the children.</p> <p>Exclude staff with severe vomiting and diarrhea until symptoms resolve.</p>	<p>Parent note Report of improvement from employees</p> <p>Parent or medical note, depending upon situation</p>	Report outbreaks only
4. Exclude children with <b>persistent abdominal pain</b> (continuing for 2 or more hours) or <b>intermittent abdominal pain</b> associated with fever, dehydration or other systemic symptoms.	Exclusion is not required if symptoms are known to be associated with a non-contagious condition.	Medical note	Report outbreaks only
5. Exclude children with <b>bronchiolitis</b> if the child has a fever or if the child is too sick to participate in activities with other children and staff. Bronchiolitis is often seen with RSV (respiratory syncytial virus) or Human Metapneumovirus infections.	NA	Parent note	No
6. Exclude students with diarrhea associated with <b>Campylobacter</b> until diarrheal symptoms are resolved for at least 24 hours.	Exclude until diarrhea resolves for at least 24 hours.	A Parent note is sufficient if there has been no diarrhea for 24 hours	Report within 3 days Report outbreaks immediately
<b>7. Conjunctivitis (pinkeye)</b> <ul style="list-style-type: none"> <li>Exclude children with pinkeye if they also have fever, severe eye pain, or are too sick to participate in activities with other children and staff.</li> </ul>	No		Report outbreaks only <sup>C</sup>

<sup>C</sup> Per the AAP: One form of viral conjunctivitis, caused by adenovirus, can cause epidemics. If two or more children in a classroom group care setting develop conjunctivitis in the same period, seek the advice of the program's health consultant." (*Managing Infectious Diseases in Child Care and Schools*, 2013, p. 134.)

Children and employees with the following conditions must be excluded from out-of-home childcare settings:

Exclusion Criteria for Children	Exclude Employees?	Documentation for Return	Reportable to Health Department? <sup>A</sup>
<ul style="list-style-type: none"> <li>Children who experience pinkeye with changes in vision or severe eye pain should be promptly referred for an ophthalmologic evaluation.</li> <li>In outbreaks, DHEC may change the exclusion criteria for conjunctivitis.</li> <li>From the America Academy of Pediatrics (Managing Infectious Diseases, 3rd ed., 2013, p. 134) <i>It is helpful to think of pinkeye like the common cold. Both conditions may be passed on to other children but resolve without treatment. We do not exclude for the common cold. Pinkeye generally results in less symptoms of illness than the common cold. The best method for preventing spread is good hand hygiene.</i></li> </ul>			
<b>8.</b> Exclude children with <b>cytomegalovirus</b> until cleared for re-admission by a health care professional.	Not required unless employee is too ill to care for children safely	Medical note indicating child may participate in routine activities	Not reportable
<b>9. Diarrhea<sup>D</sup></b> Exclude children with <b>diarrhea</b> (3 or more episodes of loose stools in a 24 hour period) until symptoms are resolved for 24 hours or more, or medical evaluation indicates that inclusion is acceptable. <ul style="list-style-type: none"> <li>See additional exclusion and re-admission criteria applicable to diarrhea associated with <a href="#">E. coli</a>, <a href="#">Salmonella</a>, or <a href="#">Shigella</a>.</li> </ul>	If stool frequency exceeds 2 or more stools above normal for individual, exclude until diarrhea resolves  Medical clearance is required to return to school after having <i>E. coli</i> or STEC, <i>Salmonella</i> Typhi, or <i>Shigella</i>	Parent note in most cases  Medical clearance is required to return to school/work after having <i>E. coli</i> or STEC, <i>Salmonella</i> Typhi, or <i>Shigella</i>	Report outbreaks only  See each type of enteric pathogen for reporting requirements

<sup>D</sup> Diarrhea is defined by loose or watery stools that are not associated with changes in diet.

## Children and employees with the following conditions must be excluded from out-of-home childcare settings:

Exclusion Criteria for Children	Exclude Employees?	Documentation for Return	Reportable to Health Department? <sup>A</sup>
<ul style="list-style-type: none"> <li>For diapered children or children of any age who require assistance with personal hygiene, exclude for 2 or more diarrheal episodes in a school or program day <u>if the frequency of diarrheal episodes</u> challenges the ability of the caregiver(s) to maintain sanitary techniques and/or conditions. Exclusion also applies to diapered children whose diarrheal stools are not contained in the diaper or toilet-trained children whose diarrheal episodes are causing “accidents” that challenge the ability of the caregiver(s) to maintain sanitary techniques and/or conditions.</li> <li><b>Exclude students of any age with uncontrolled diarrhea or stools that contain blood or mucus</b>, until symptoms are resolved or medical evaluation indicates that inclusion is acceptable.</li> <li>Exclusion for diarrhea is not required if student is known to have these symptoms for a non-infectious condition (e.g., IBS or Crohn’s Disease).</li> <li>Exclusion may not be required if diarrheal symptoms persist after <u>completion</u> of effective antimicrobial therapy for an enteric illness such as <u>Campylobacter</u>, <u>E. coli</u>, <u>Giardia</u>, <u>Salmonella</u>, or <u>Shigella</u>.</li> </ul>	Exclude for bloody diarrhea until diarrhea resolves	<p>Re-admission after diarrhea can occur when diapered children have their stool contained by the diaper (even if the stools remain loose) and when toilet-trained children do not have toileting accidents</p> <p>Medical note unless symptoms resolve in less than 24 hours</p>	Report outbreaks only
<p><b>10. Exclude for infection with <i>Escherichia coli</i> O157:H7, or other shiga-toxin producing bacteria (includes STEC) until diarrhea resolves, AND 2 consecutive stool cultures taken at least 24 hours apart test negative for <i>E. coli</i> O157:H7 or STEC.<sup>E</sup></b></p> <p>If antibiotics were prescribed, stool cultures should be collected 48 or more hours after the antibiotics are all taken.</p> <p>A health care professional must clear a child for readmission for all cases of <i>E. coli</i> O157:H7 or STEC.</p> <p>Children with <i>E. coli</i> / STEC infections should be excluded from recreational water activities (pools, splash pads, water tables, etc.) until 2 weeks after diarrheal symptoms resolve.</p>	Exclude until diarrhea resolves and 2 stool cultures are negative	Medical note documenting diagnosis and negative test results, with parent or employee report or resolution of symptoms	Report within 24 hours by phone

<sup>E</sup> It is recognized that in-school transmission of *E. coli* infection is uncommon among children who do not require diapering, and that there may be an academic burden imposed by lengthy exclusions while awaiting multiple negative test results. DHEC is available for consultations on prolonged exclusions for sporadic cases of diarrheal illness attributable to *E. coli*.

Children and employees with the following conditions must be excluded from out-of-home childcare settings:

Exclusion Criteria for Children	Exclude Employees?	Documentation for Return	Reportable to Health Department? <sup>A</sup>
<p><b>11. Exclude for fever, accompanied by behavior changes or other signs and symptoms suggestive of possibly severe illness</b> (such as sore throat, rash, vomiting, diarrhea, earache, irritability, or confusion) in children <u>who do not have <a href="#">signs of influenza-like illness</a></u>, until medical evaluation indicates inclusion is acceptable.</p> <p>Fever is defined by age:</p> <ol style="list-style-type: none"> <li>For infants <b>4 months of age and younger</b> (<u>even if there has not been a change in child's behavior</u>): <ul style="list-style-type: none"> <li>Rectal temperature: 101.0 ° F or greater</li> </ul> </li> <li>For infants and children <b>older than 4 months of age</b>: <ul style="list-style-type: none"> <li>Rectal temperature: 102.0 ° F or greater</li> <li>Axillary (under the arm) temperature: 100.0 ° F or greater</li> <li>Oral temperature: 101.0 ° F or greater</li> </ul> </li> </ol> <p><b>Note:</b> Children or employees presenting with influenza-like illness (ILI), which includes feverishness (fever of 100 or higher), with a cough and/or sore throat, may be excluded for temperatures lower than 101. See <a href="#">influenza-like illness</a> for additional information.</p> <p>Children with non-contagious medical conditions characterized by fever may attend school with medical clearance.</p> <p>Children who have fever under 101 who have no other signs of illness and who can participate in routine activities, do not have to be excluded.</p> <p><b>Fever in a child 60 days of age or younger (axillary <math>\geq 100.5</math> or <math>\geq 101</math> rectally) requires immediate medical attention.</b></p>	<p>Exclude for oral temperature 101.0° F or greater</p> <p>.</p> <p><i>If presenting with a temperature of 100.0° F or higher and signs of the flu, see the criteria for <a href="#">Influenza-like illness</a></i></p>	<p>School or facility to specify based on situation</p> <p>Employee may state he/she is afebrile, or have temperature taken at facility</p>	<p>Report outbreaks only</p>
<p><b>12. Exclude for <i>Giardia</i> infection until diarrhea resolves for at least 24 hours.</b></p>	<p>Exclude until diarrhea resolves for at least 24 hours</p>	<p>A Parent or Employee Note is sufficient if diarrhea has ceased</p>	<p>Report within 3 days</p> <p>Report outbreaks immediately</p>



Children and employees with the following conditions must be excluded from out-of-home childcare settings:

Exclusion Criteria for Children	Exclude Employees?	Documentation for Return	Reportable to Health Department? <sup>A</sup>
<b>13.</b> Exclude students with proven <b>Haemophilus influenzae type B (Hib)</b> infection until the student is cleared by a health professional. No exclusion is required for exposed students or staff.	Exclude until antibiotic therapy is initiated	Medical note documenting diagnosis, completion of antibiotic treatment, and clearance to return to school	Report within 24 hours by phone
<b>14.</b> Exclude children with <b>hand, foot, and mouth disease</b> while they have fever, excessive drooling, and are not able to participate in routine activities. This is typically during the first week of illness.	No	Parent note	Report outbreaks only
<b>15. Exclude students with Head Lice (pediculosis)<sup>F</sup>, defined as</b> <ul style="list-style-type: none"> <li>the presence of live, crawling lice visualized on direct inspection of the scalp, and/or</li> <li>the presence of nits (eggs) that appear to be ¼ inch or 6 mm from the scalp.<sup>G</sup></li> </ul> <p>Students identified with pediculosis may be allowed to remain in the classroom until the end of the school day, with limitations placed upon activities that cause head-to-head contact.</p> <p>Childcare centers may opt to exclude children immediately if close head-to-head contact cannot be avoided in the classroom/center setting.</p> <p><b>Criteria for Return—Screening AND Treatment:</b></p> <p><b>1. Screening:</b> Excluded students may be readmitted when screening identifies no live, crawling lice on the student's scalp.<sup>H</sup></p>	Exclude at the end of the day if head-to-head contact can be avoided. Return after initial treatment	Parent note or employee statement documenting school-approved treatment, plus evidence of no live-crawling lice on student's scalp	Not reportable

<sup>F</sup> Students with other evidence of infestation (e.g., nits further than ¼" from the scalp) may be excluded per local policies.

<sup>G</sup> Ideally, pediculosis screening is performed by school health nurses, or by school health aides who have been trained by school nurses.

<sup>H</sup> Local education agencies opting for more stringent "No Nit Policies" for school re-admission should clearly explain these policies to families when distributing materials on School Exclusion.

Children and employees with the following conditions must be excluded from out-of-home childcare settings:

Exclusion Criteria for Children	Exclude Employees?	Documentation for Return	Reportable to Health Department? <sup>A</sup>
<p><b>2. Treatment:</b> Excluded students may return with a parent note, after one initial treatment with an over-the-counter or prescription chemical product (shampoo, lotion, oral medication) identified in literature as having pediculicidal activity. Schools may opt to allow students to return after one initial treatment with a mechanical lice-removal or pediculicidal method (heat, nit/lice combing). While no recommendation is made by DHEC, school districts may opt to allow students to return after one initial treatment with an herbal or botanical product advertised or identified in literature as having pediculicidal properties. The school may identify acceptable products.</p> <p><b>Re-screening Recommendation:</b> Students who were identified with pediculosis and excluded should be rescreened at 7-10 days after initial treatments. Rescreened students who are found to have live crawling lice should be re-treated and excluded until screening identifies no live, crawling lice on the student's scalp.</p> <p><b>Other Restrictions:</b> The AAP recommends that, until the end of the school day, students with head lice avoid any activities that involve the student in head-to-head contact with other students or sharing of any headgear. Sports or physical education governing bodies may impose additional restrictions on participation.</p>			
<p><b>16. Exclude for Hepatitis A virus infection</b>, until 1 week after onset of illness or jaundice. Contacts should be directed to their health care providers for consideration of immunoglobulin or vaccine in consultation with the health department.</p>	Exclude until 1 week after symptom onset	Medical note documenting 7 or more days since onset	Report within 24 hours by phone
<p><b>17. Impetigo</b> Exclude until 24 hours after antibiotic treatment has been initiated. Lesions on exposed skin should be covered with a watertight dressing.</p>	Exclude until treatment has been initiated Exclusion should continue if lesion is draining AND cannot be covered	Parent note indicating antibiotic therapy has been initiated	Not reportable

## Children and employees with the following conditions must be excluded from out-of-home childcare settings:

Exclusion Criteria for Children	Exclude Employees?	Documentation for Return	Reportable to Health Department? <sup>A</sup>
<b>18. Exclude children with Influenza / Influenza-like Illness or ILI</b> , until at least 24 hours after they are free of fever without the use of fever-reducing medicines. ILI is defined as an oral temperature of 100 degrees Fahrenheit or more <u>with</u> a cough and/or sore throat for which there is no other known cause besides the flu or an influenza-like illness.	Exclude for ILI symptoms until fever-free for 24 hours without the use of fever-reducing medicines.	Parent note or employee statement verifying that the child or employee has not had a fever for 24 hours and has not taken any fever-reducing medications for 24 hours	Report outbreaks immediately by phone
<b>19.</b> Exclude for <b>Measles</b> , until 4 days after onset of rash and cleared by a health care provider.	Exclude until 4 days after onset of rash (if the staff member is Immunocompetent.)	Medical note documenting >4 days since onset and not contagious	<b>REPORT IMMEDIATELY by phone</b>
<b>20.</b> Exclude a student with symptoms of <b>Meningitis</b> as soon as meningitis is suspected. Seek medical attention promptly. Re-admit when cleared by a health care professional.	Exclude until cleared by a health care provider	Medical note documenting that child is non-contagious	<b>REPORT IMMEDIATELY by phone</b>
<b>21.</b> Exclude students with <b>Mononucleosis</b> , until cleared for re-admission by a health care professional.	Exclude staff with mononucleosis until medical cleared for participation in caregiving activities, due to risk of injury to the spleen	Medical note indicating child or employee may participate in routine activities	Not reportable
<b>22. Mouth Sores:</b> Exclude for sores, including mouth ulcers and blisters, <u>inside the mouth</u> associated with uncontrolled drooling, unless the child's health care provider states that the child is noninfectious. Exclusion of children with cold sores (recurrent herpes simplex virus (HSV) infection) is not indicated.	Caregivers with herpes cold sores should not be excluded, but should cover and not touch their lesions, and carefully observe hand hygiene policies	Medical note documenting diagnosis and non-infectiousness If diagnosed with recurrent HSV, Medical note with diagnosis only	Report outbreaks only
<b>23.</b> Exclude for <b>Mumps</b> , until 5 days after onset of parotid gland swelling.	Exclude until 5 days after onset of swelling	Medical note documenting diagnosis	Report within 24 hours
<b>24.</b> Exclude for diarrhea or vomiting attributable to <b>Norovirus</b> until asymptomatic (diarrhea and/or vomiting cease for at least 24 hours).	Exclude until diarrhea resolves for at least 24 hours.	A Parent or Employee Note stating that diarrhea or vomiting has ceased.	Report outbreaks only

Children and employees with the following conditions must be excluded from out-of-home childcare settings:

Exclusion Criteria for Children	Exclude Employees?	Documentation for Return	Reportable to Health Department? <sup>A</sup>
<b>25.</b> Exclude for <b>Pertussis (whooping cough)</b> , until completion of 5 days of appropriate antimicrobial therapy. No exclusion is required if the child is initially diagnosed with pertussis past the infectious period (21 days or more after cough onset, or 6 weeks after cough onset for infants.)	Exclude until completion of 5 days of appropriate antibiotic therapy.	Medical note documenting diagnosis and type of antibiotic prescribed Parent note documenting completion of 5 days of antibiotics	Report within 24 hours by phone. Report outbreaks immediately by phone.
<b>26.</b> Exclude for <b>Rash with fever or behavioral change</b> , until a health care provider has determined that the illness is not a communicable disease.	Exclude for rash with fever, behavior change, and/or joint pain, until a communicable disease such as measles or rubella has been ruled out.	Medical note documenting evaluation, non-communicability	Report outbreaks only
<b>27. Respiratory Syncytial Virus (RSV):</b> <i>see bronchiolitis.</i>			
<b>28. Ringworm (<i>Tinea</i>)</b> <ul style="list-style-type: none"> <li> <b>Ringworm of the Scalp (<i>Tinea capitis</i>).</b> Exclude at the end of the school or program day until oral antifungal treatment is initiated.           </li> <li> <b>Ringworm of the Body (<i>Tinea corporis</i>).</b> <ul style="list-style-type: none"> <li>Exclude students in out-of-home childcare at the end of the school day until oral or topical antifungal treatment is initiated.</li> <li>For children in Kindergarten, or medically fragile older students, exclusion is not required for <i>Tinea corporis</i> if the affected area can be adequately covered at all times while in school. Treatment is recommended.</li> </ul> </li> <li> <b>Sports and PE:</b> The school or sanctioning athletic body may impose additional restrictions for physical education and sports activities for students with <i>Tinea capitis</i> or <i>Tinea corporis</i>.           </li> </ul>	Exclude staff with ringworm of the scalp at the end of the day until oral antifungal treatment is initiated.  Exclusion is not required for staff with ringworm of the body if the affected area can be covered, and remains covered, while in the childcare setting.	Medical note documenting diagnosis and initiation of oral anti-fungal therapy  Parent note for that treatment has been initiated for body ringworm lesions that cannot be covered.	Not reportable  Not reportable
<b>29.</b> Exclude for diarrhea attributable to <b>Rotavirus</b> until asymptomatic (diarrhea ceases for 24 hours or longer).	Exclude until diarrhea has ended for at least 24 hours.	A Parent note stating that child has been free of diarrhea for 24 hours.	Report outbreaks only

Children and employees with the following conditions must be excluded from out-of-home childcare settings:

Exclusion Criteria for Children	Exclude Employees?	Documentation for Return	Reportable to Health Department? <sup>A</sup>
<b>30. Exclude for Rubella (German Measles),</b> until 7 days after onset of rash. <b><u>Congenital Rubella:</u></b> Exclude until 1 year of age unless nasopharyngeal and urine cultures after 3 months of age are repeatedly negative for rubella virus.	Exclude until 7 days after onset of rash.	Medical note documenting diagnosis and onset date.	Report within 24 hours by phone
<b>31. <i>Salmonella</i></b> <ul style="list-style-type: none"> <li>• <b><i>Salmonella</i> Typhi (typhoid fever) infection:</b> <ul style="list-style-type: none"> <li>○ Exclude until diarrhea resolves AND three stool cultures collected at 24-hour intervals are negative for <i>Salmonella</i> Typhi.</li> <li>○ A health care professional must clear child for readmission for all cases of <i>Salmonella</i> Typhi (Typhoid fever.)</li> </ul> </li> <li>• Exclude children with <b>Nontyphoidal <i>Salmonella</i> infections</b> until 24 hours or more after diarrhea has ceased.</li> </ul>	<p>Exclude until diarrhea resolves and 3 stool cultures collected at 24-hour intervals are negative for <i>S. Typhi</i>.</p> <p>Exclude until diarrhea resolves.</p>	<p>Medical note for Typhoid Fever (<i>Salmonella</i> Typhi), documenting diagnosis, and negative test result. Parent/Employee report of resolution of symptoms.</p> <p>.Parent/Employee Note for non-typhoidal <i>Salmonella</i></p>	<p>Report Typhoid fever within 24 hours Report outbreaks immediately.</p> <p>Report non-typhoid <i>Salmonella</i> within 3 days. Report outbreaks immediately.</p>
<b>32. Exclude for Scabies,</b> until after appropriate scabicial treatment has been completed (usually overnight) The school or sanctioning athletic body may impose additional restrictions for physical education and sports activities for students with scabies.	Exclude until after treatment (usually overnight) has been completed.	Medical note documenting diagnosis, completion of therapy	Not reportable
<b>33. Exclude for <i>Shigella</i> infection,</b> until 24 hours or more after diarrhea has ceased, and test results from two stool cultures collected at least 1 day apart are negative. A healthcare professional must clear a child for readmission for all cases of <i>Shigella</i> .	Exclude until diarrhea resolves and 2 stool cultures are negative.	Medical note documenting diagnosis and negative test results, and parent report of cessation of symptoms.	Report cases within 3 days. Report outbreaks immediately.
<b>34. Skin lesions, including Staphylococcal and Streptococcal skin and soft tissue infections, MRSA, Herpes Gladiatorum, etc.</b> Exclude only if skin lesions are draining and cannot be covered, or if the covering cannot be maintained because drainage comes through the covering to contaminate other surfaces.	Exclude if lesion is draining AND cannot be covered.	Not required.	Report outbreaks only

Children and employees with the following conditions must be excluded from out-of-home childcare settings:

Exclusion Criteria for Children	Exclude Employees?	Documentation for Return	Reportable to Health Department? <sup>A</sup>
<ul style="list-style-type: none"> <li>• <b>Sports and PE.</b> Children with lesions on uncovered skin, or with Staph or Strep lesions that are covered but draining or oozing, may not participate in close contact sports or other athletic activities. The school or sanctioning athletic body may impose additional restrictions for physical education and sports activities for students with skin lesions.</li> <li>• <b>Precautions.</b> Barriers, including use of gloves and appropriate disposal of potentially infectious materials, must be used if/when dressings are changed in the school setting.<sup>1</sup></li> <li>• <b>Carrier Status.</b> Having a MRSA infection or harboring MRSA bacteria (being a carrier) is not a reason for exclusion.</li> <li>• <b>Outbreaks.</b> DHEC may change these recommendations in the event of reported outbreaks or clusters of skin lesions.</li> </ul>			
<b>35.</b> Exclude for <b>Streptococcal pharyngitis (strep throat)</b> , until afebrile and at least 24 hours after treatment has been initiated.	Exclude until 24 hours after initial antibiotic treatment and end of fever	Medical note documenting diagnosis and initiation of treatment, plus parent or employee report of afebrile status	Report outbreaks only
<b>36.</b> Exclude a child with a <b>Sty</b> (or <b>stye</b> ), an infection in the eyelid at the base or the eyelashes or near the edge of the eyelid, if the sty is actively draining and cannot be covered for an extended period.	Exclude if drainage cannot be covered/contained	Parent or employee note, once drainage decreases	
<b>37.</b> Exclude for active (infectious) <b>Tuberculosis</b> , until the local health department authority or <u>treating</u> infectious disease physician states that the student is noninfectious.	Exclude until non-infectious and cleared by the health department or treating infectious disease physician.	The health department or infectious disease physician must clear the student for return to school.	Report within 24 hours
<b>38. Varicella (chickenpox)</b> <ul style="list-style-type: none"> <li>• Exclude for <b>typical Varicella (chickenpox)</b>, which occurs in unvaccinated children, until all lesions have dried and crusted.</li> </ul>	Exclude until all lesions have dried and crusted.	Parent note or employee report indicating lesions have dried/crusted.	Report cases within 3 days. Report outbreaks

<sup>1</sup> From the CDC: Use standard precautions (e.g., hand hygiene before and after contact, wearing gloves) when caring for non-intact skin or potential infections. Use barriers such as gowns, masks and eye protection if splashing of body fluids is anticipated. (<http://www.cdc.gov/mrsa/community/schools/index.html>)

Children and employees with the following conditions must be excluded from out-of-home childcare settings:

Exclusion Criteria for Children	Exclude Employees?	Documentation for Return	Reportable to Health Department? <sup>A</sup>
<ul style="list-style-type: none"> <li><b>Breakthrough varicella</b>, which occurs in vaccinated children, may appear just as a rash, without crusting. In these cases, exclude until 24 hours following appearance of last lesions.</li> </ul>	Exclude until no new lesions appear for at least 24 hours.	Parent note or employee report indicating lesions are fading/resolving, and no new ones appear for 24 hours.	immediately.
<p><b>39. Exclude for Varicella Herpes Zoster (shingles)</b> with lesions that cannot be covered, until lesions are crusted.</p> <p><b>Sports and PE:</b> The school or sanctioning athletic body may impose additional restrictions for physical education and sports activities for students with shingles.</p>	Exclude if the lesions cannot be covered by clothing or a dressing, until the lesions have crusted.	Parent note or employee report indicating lesions are resolving.	Report outbreaks only
<p><b>40. Exclude children for Vomiting</b></p> <ul style="list-style-type: none"> <li>2 or more times during the previous 24 hours, or</li> <li>for vomiting and fever (101 or higher),</li> </ul> <p>unless the vomiting is known to be caused by a non-communicable condition and the child is not in danger of dehydration.</p> <p>No exclusion is required for a brief, non-repeating episode of vomiting with no other signs of severe illness.</p> <p>Children with vomit that appears green and bloody, vomiting after recent head injury, vomiting and no urine output for 8 hours, or who appear very ill should be referred for prompt medical evaluation.</p>	Exclude for 2 or more episodes of vomiting in the previous 24 hours until vomiting resolves or is determined to result from non-infectious conditions.	Readmit when vomiting has resolved, and child is able to remain hydrated and participate in activities. Employee note of cessation of vomiting or medical note indicating condition is not contagious.	Report outbreaks only
<p><b>41. Exclude for conditions or illnesses that DHEC or a health care provider<sup>J</sup> indicates warrant exclusion.</b> This includes students determined to be contributing to the transmission of illness in the school.</p>	Exclude staff thought or known to be contributing to the spread of illness in the school.	Medical note addressing diagnosis and communicability.	DHEC staff are available for consultation on this exclusion.

<sup>J</sup> "Health care provider" includes school nurses.



**Exclusion Criteria for Children or Employees in Out-of-Home Childcare Settings who are contacts (exposed) to individuals with excludable conditions:**

Exclusion Criteria for Exposed Children	Exclusion Criteria for Exposed Employees	Documentation for Return
1. <b>When recommended by DHEC</b> , contacts to <i>Neisseria meningitidis</i> (meningococcal disease) should be excluded until antimicrobial treatment has been initiated.	Same as for children	Medical note documenting initiation of Antimicrobial therapy
2. <b>Pertussis (whooping cough):</b> In outbreaks and when recommended by DHEC, <u>exclude close contacts to pertussis cases if the contacts are coughing or have other symptoms of pertussis<sup>K</sup></u> . Contacts with cough illness are excluded a) until after 5 days of appropriate antimicrobial therapy, or b) if no antibiotics are given, until 21 days after last contact with an infected person, or c) until after a negative pertussis test result, or d) until a health care provider indicates that illness is not pertussis	Same as for children	Medical note indicating symptomatic contact is either free of pertussis infection or that child/employee has been treated for pertussis as indicated at left. Parent report if returning to school 21+ days after last contact.
3. <b>Unimmunized children or employees in out-of-home childcare facilities who do not have documentation of immunity or natural disease</b> must be excluded as indicated below if exposed to:		
<ul style="list-style-type: none"> <li><b>Measles:</b> Exclude exposed students who have not been immunized for 21 days after onset of rash in last case of measles in the affected school or community. Pregnant students should not receive MMR immunization. DHEC is available to provide consultation on vaccinating children 6-11 months of age who are exposed to measles.</li> </ul>	Anyone born in 1957 or later who cannot provide documentation of 2 doses of measles vaccine on or after their first birthday, or laboratory evidence of immunity should be excluded for 21 days after onset of rash in last case of measles in the affected school or community. Pregnant employees should not receive MMR immunization.	Individuals without previous immunization may be readmitted to school or childcare immediately after receiving measles vaccine (if received within 72 hours of exposure to case) or measles immunoglobulin (if received within 6 days of exposure). Contact DHEC regarding previously unimmunized persons who receive vaccine or immunoglobulin after the above time frames.

<sup>K</sup> Symptoms of pertussis include a new or different cough that may be accompanied by vomiting after cough, loss of breath or difficulty catching breath during coughing spells, cyanosis, a whoop when inhaling after coughing, or apneic episodes in infants.



**Exclusion Criteria for Children or Employees in Out-of-Home Childcare Settings who are contacts (exposed) to individuals with excludable conditions:**

Exclusion Criteria for Exposed Children	Exclusion Criteria for Exposed Employees	Documentation for Return
<ul style="list-style-type: none"> <li> <b>Mumps:</b> <u>During mumps outbreaks</u>, exclude exposed students who have not been immunized until they become immunized. If they have an immunization exemption, continue to exclude them until the health department determines that it is safe for them to return. This will typically be for 25 days after the onset of parotitis in the last person with mumps in the affected school.  Pregnant students should not receive MMR immunization. </li> </ul>	<p>Anyone born in 1957 or later, who cannot provide documentation of 2 doses of mumps vaccine on or after their first birthday, or laboratory evidence of immunity, should be excluded for 25 days after the onset of parotitis in the last person with mumps in the affected school.</p> <p>Pregnant employees should not receive MMR immunization.</p>	<p>Unimmunized people receiving their first dose as part of outbreak control may be readmitted immediately to the school or childcare facility.</p>
<ul style="list-style-type: none"> <li> <b>Rubella:</b> Exclude exposed students who have not been immunized until they become immunized with at least one dose of rubella vaccine. Exclude exposed students older than age 6, if they have not received two doses of vaccine, until they have become immunized with one [additional] dose of rubella or MMR vaccine.  If immunization exemption applies, continue to exclude exposed children until the health department determines that it is safe for them to return, typically for 21 days after the onset of rash in the last person with rubella in the affected school or community.  Pregnant students should not receive MMR or rubella immunization. </li> </ul>	<p>Anyone born in 1957 or later who cannot provide documentation of 2 doses of rubella vaccine on or after their first birthday, or laboratory evidence of immunity, should be excluded for 21 days after the onset of rash in the last person with rubella in the affected school or community.</p> <p>Pregnant employees should not receive MMR immunization.</p>	<p>Unimmunized people receiving their first dose as part of outbreak control may be readmitted immediately to the school or childcare facility.</p>

**Exclusion Criteria for Children or Employees in Out-of-Home Childcare Settings who are contacts (exposed) to individuals with excludable conditions:**

Exclusion Criteria for Exposed Children	Exclusion Criteria for Exposed Employees	Documentation for Return
<ul style="list-style-type: none"> <li><b>Varicella (chicken pox):</b> <sup>L</sup> In outbreaks, exclude unimmunized students with no history of varicella vaccination until day 21 after the onset of rash in the last person diagnosed with Varicella in the affected school.<sup>M</sup> Children may return immediately following receipt of varicella vaccine. Pregnant students should not receive Varicella immunization.</li> </ul>	In an outbreak, anyone born in 1980 or later who cannot provide documentation of at least 1 dose of varicella vaccine on or after their first birthday, or laboratory evidence of immunity or physician diagnosis of varicella disease should be excluded for 21 days after the onset of rash in the last person with varicella in the affected school or community.	Unimmunized people receiving their first dose as part of outbreak control may be readmitted immediately to the school or childcare facility.
<i>DHEC should be consulted immediately about pregnant, non-immunized, or immunocompromised students or childcare employees who are exposed to measles, mumps, rubella, or varicella.</i>		
<b>3.</b> Other conditions when recommended by DHEC or the student's health care provider.	Same as for children.	DHEC will specify based upon situation.

<sup>L</sup> An outbreak of Varicella is defined as 5 or more cases within 6 weeks in a common setting, such as school, childcare, community, or institutional setting.

<sup>M</sup> Mild break-through cases of Varicella (occurring in immunized persons) are generally considered less infectious than cases in unimmunized persons. Consult with DHEC as needed for exclusion guidance in ongoing outbreaks of Varicella or if/when exclusion may be extended past one incubation period (i.e., over 21 days).

**Children with the following conditions are not typically excluded from school or childcare, so long as they are healthy enough to participate in routine curricular activities:**

<ul style="list-style-type: none"> <li>• Canker Sores</li> <li>• Chronic Hepatitis B or C infection</li> <li>• Colds: Exclusion is not warranted even if illness is associated with green or yellow nasal discharge, as long as the student does not have a fever or any of the other excludable symptoms described in this document</li> </ul>	<ul style="list-style-type: none"> <li>• Cold sores</li> <li>• Cough not associated with an infectious disease or a fever</li> <li>• Croup</li> <li>• Diseases spread by mosquitos: Malaria, West Nile Virus</li> <li>• Diseases spread by ticks: Babesiosis, Ehrlichiosis, Lyme Disease, Rocky Mountain Spotted Fever, Tularemia</li> </ul>	<ul style="list-style-type: none"> <li>• Ear infection</li> <li>• Fifth Disease (Parvovirus B19 infection), once the rash has appeared, and the child no longer has a fever</li> <li>• HIV infection</li> <li>• MRSA carrier or colonized individual, without uncovered draining lesions</li> <li>• Pinworms</li> </ul>	<ul style="list-style-type: none"> <li>• Rash, without fever or behavior change</li> <li>• Roseola, once the fever is gone</li> <li>• Thrush</li> <li>• Urinary Tract Infection</li> <li>• Warts, including Molluscum contagiosum</li> <li>• Yeast Diaper Rash</li> </ul>
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